

PART B—ISSUE FEE TRANSMITTAL

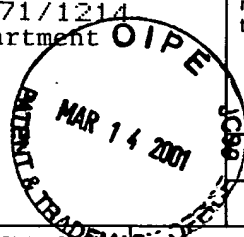
Complete and mail this form, together with applicable fees, to:

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

IM71/1214
RICHARD L. KLEIN IP Legal Department
MEDTRONIC AVE, INC.
3576 UNOCAL PLACE
SANTA ROSA CA 95403



Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/138,464	08/21/98	013	NAKARANI, D	1773 12/14/00
First Named Applicant: SHAH, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF THROMBORESISTANT COATING INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 BAK-073.01	623-001.150	W39	UTILITY	NO	\$1240.00	03/14/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sterne, Kessler

2 Goldstein & Fox P.L.L.C.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Medtronic AVE, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Santa Rosa, CA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 3

4b. The following fees or deficiency in these fees should be charged to:

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(ENCLOSE AN EXTRA COPY OF THIS FORM)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Vincent L. Capuano, Reg. No. 42,385

(Date) 3/14/01

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